

(Original, Design, National Stage of PCT, Supplemental, Divisional, Continuation or CIP Application)

As a below named inventor, I hereby declare that:

Type of Application

This declaration is for the original application:

Inventorship Identification

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR AIRBAG CURTAIN MODULE WITH SECONDARY ATTACHMENT DEVICE

Specification Identification

The specification of which:

- a) ☒ is attached hereto.
- b) _____ was filed on _____ as application Serial No. _____ and was amended on _____ (if applicable).
- c) _____ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

Acknowledgements of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to the inventor to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

____ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code Section 119, of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- d) ☒ no such applications have been filed.
- e) _____ such applications have been filed as follows:

Earliest foreign application(s), if any, filed within 12 months
(6 months for design) prior to this U.S. application.

Country	Application Number	Date of Filing (month, day, year)	Priority Claimed Under 37 USC 119

All foreign application(s), if any, filed more than 12 months
(6 months for design) prior to U.S. application

Power of Attorney

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Sally J. Brown – Reg. No. 37,788
James D. Erickson – Reg. No. 46,096

Send Correspondence To

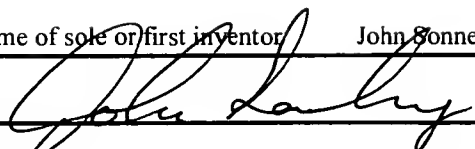
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Declaration

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SignaturesType or print full name of sole or first inventor John SonnenbergInventor's signature Date: 11/13/01Country of Citizenship: U.S.A.Residence: 13808 North Ridge Drive Holly, MI 48442Post Office Address: SAME☐ Type or print name of second joint inventor, if any☐ Inventor's signature☐ Date:☐ Country of Citizenship:☐ Residence:☐ Post Office Address: SAME☐ Type or print name of third joint inventor, if any☐ Inventor's signature☐ Date:☐ Country of Citizenship:☐ Residence:☐ Post Office Address: SAME☐ Type or print name of fourth joint inventor, if any☐ Inventor's signature☐ Date:☐ Country of Citizenship:☐ Residence:☐ Post Office Address: SAME☐ Type or print name of fifth joint inventor, if any☐ Inventor's signature☐ Date:☐ Country of Citizenship:☐ Residence:☐ Post Office Address: SAME